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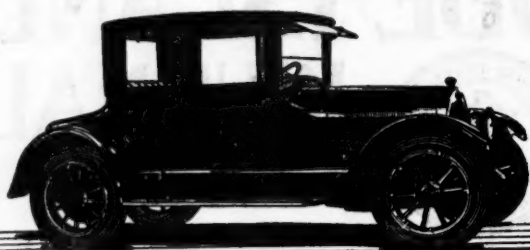
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## ORIGINAL ARTICLES

### THE PRESIDENT'S ANNUAL ADDRESS.\*

By JOHN M. PETERS, M. D.,  
Providence, R. I.

#### *Fellows of the Rhode Island Medical Society:*

In accordance with the By-Laws of the Society requiring the President of the Society to give at the annual meeting an address, I have thought that it might be interesting for me to state in a brief form some of my impressions of the Far Eastern Countries which it was my privilege recently to visit.

I can understand better than ever before the quotation of Kipling that "East is East and West is West". I also realize as never before that the true impression of a people can be gotten only by contact and not by word, written or spoken. It was our good fortune to be closely associated in our travels with a man who had travelled widely for years, who had been in these countries many times and who, in personal and business relationships, had opportunities to come in close contact with people who had lived in the East for many years, such as missionaries, writers, business men, and Government officials.

I return home with a better understanding of the enormous amount of good done in spiritual, physical and material ways by the missionaries. They surely have been and are the leaders in introducing modern ideas of civilization in these countries. The church missionary in doing his daily spiritual work among the masses has had occasion to introduce many of the simple modern comforts of civilization, which the natives by observation and use soon adopted. He has introduced, among the many benefits, the weekly day of rest which is followed to great extent in the cities and larger trading centers, getting for the laborers regular wages with hours for

leisure instead of obtaining food and clothing and mere pittance in the form of gratuity. He has introduced many betterments and improvements in the way of food, which are of great commercial value, and has helped in the establishment of agricultural and semi-agricultural schools, which are slowly improving the methods of farming. These are in most parts of the country carried on by human labor, almost entirely in the same primitive ways that were followed by their forefathers centuries ago.

At a recent dinner given in Peking to John R. Freeman, our neighbor, who is acting as consultant in the tremendous engineering feat of trying to restrain the floods and to revive the industrial and agricultural sections which extend along the grand canal for about one thousand miles into the heart of China, the Director General of this great work said:—"Your Government does not promiscuously lend money to striving factions in the hope of gaining a position of advantage in China, but your people put millions of dollars in educational and missionary enterprises and in the Y. M. C. A., which work for the mental, spiritual and physical benefit of our people and do more to excite the admiration, confidence, and the desire to cooperate with you than any diplomatic policy your Government might pursue".

Ignorance is the cause of many ills and when combined with it are poverty and superstition one can better realize why some of these great Eastern countries are so backward in the way of civilization. We think a few centuries mean antiquity, but in China where they point out to you objects, orders and dynasties of Governments, ten, fifteen and twenty centuries old, one realizes as never before that we are a modern people.

In China, where for many centuries the people have been under the sway and control of Manchus, their labor is represented by the great walls, ancient temples, the wondrous works of art still preserved. There has been a real

\*Read before the Rhode Island Medical Society June 3, 1920.

awakening since it became a republic, eighteen years ago. This great country is still in the throes of political parties, divided generally between North and South China, yet there can be no question but in time with education and the knowledge and power that must come with it, the country will have a great future. The people are industrious and with education will become ambitious. The land is fertile and there are said to be unlimited resources of coal, iron and other minerals, but the whole land is stripped of timber. As a result enormous floods occur almost every year when the snow melts, washing away the fertile soil, and only reforestation on a tremendous scale can prevent it.

Among the earliest medical missions established in China is that at Canton, 110 miles from Hongkong, on the West River, and opened in 1835. We had the privilege of inspecting this plant and of meeting Dr. Thompson, who has been connected with it for forty-four years. Its location near the river and on the edge of the crowded city is unusually good, but the buildings are old without modern conveniences and should be replaced by new ones to be really efficient. We found patients lying on beds built of wood, covered by blankets, in places of springs and mattresses, with buckets under the beds to catch the dejecta as they were passed through the holes in the boards. The operating room equipment was of the most meagre and primitive type, as in fact was the whole plant. It was instructive and interesting, however, to learn of the unusual results obtained, especially in their surgical work. Early in the history of the hospital, they established a reputation for doing unusual work, especially in the removal of bladder and hepatic calculi, and of ovarian tumors. We were astonished to see the tremendous number of stones that had been removed. In 1918 their report shows that seventy-nine suprapubic operations were done for vesical calculi. The reputation of their work has spread to many Provinces far away. We were told of many patients who, before the building of railroads, were brought many miles in palanquin chairs on the backs of coolies for operation. It was virgin soil for modern medical and surgical work, and we as medical men can bear witness to the fruit that it has borne and to the appreciation and gratitude that have

been and are shown to the group of self-sacrificing men and women who have devoted their lives to the work.

What China needs in a medical way, as I saw it from a brief cursory visit, is help in getting a start in educating native men and women in medicine and nursing. The medical missionaries have done and are doing wonderful work, but have merely turned the soil. The country is so large and the population so great—over 400,000,000—that the possibilities of future work have scarcely been touched.

It is recognized and appreciated by many writers on the subject that the medical missionary has had the opportunity to do good in a manner appreciated by the ignorant and superstitious native that the ordinary missionary does not have. I must admit that I was ignorant of their work and somewhat prejudiced against them, but I now realize the importance of the great work that has been done by this brave and unselfish band of volunteer workers.

American funds, the voluntary gifts of our people, have done a wonderful work here as elsewhere in the missionary field, but the acme, the focusing point, will soon be reached when the magnificent, substantial and practical plant now being erected and soon to be opened in Peking as a high grade medical school and hospital by the funds supplied by the Rockefeller Foundation is completed. Here will be found a hospital built on modern lines, complete, fire-proof, convenient for its purposes, simple, without ostentation except so far as the roof lines go, which follow in the material and design of the corresponding roofs of imperial yellow tile. In style of architecture it is similar to those found in the famous Chinese Temples and State Buildings, tactfully copied because of the harmonious setting with the neighboring buildings.

Here will soon be opened a high grade medical school, admitting men and women, who before their admission, must have had an education equivalent to that required by our colleges. For those who have not had quite this degree of education, a group of buildings is given up to pre-medical education in chemistry, biology, physiology, physics, etc. This school is already in operation. The Faculty, in the beginning, will be made up of some of the best medical men, both foreign and native, who have been



in practice and engaged in teaching in other medical schools, supplemented by some newcomers. The teaching will be mostly in English and it is the purpose to start off on a high plane from the beginning with the hope and prospect that the graduates will scatter throughout the country and become centers or focusing points in gradually raising the standard of medicine throughout the country.

I know of no work so well thought out and planned that seems to offer such prospects of doing good directly in a physical and indirectly in spiritual and material ways as this great center of succor, education and civilization. Here will also be taught young native women to become nurses, who are so much needed and who, with their medical sisters, can approach and help the women of the country, especially in the lines of gynecology and obstetrics. Up to now because of tradition and custom it has not been thought proper to employ male physicians. The nurses especially can do an enormous amount of good, not only as nurses but as educators, social service workers, advisors, etc. The need was great, the hour propitious and the ways and means found. The gratitude of the people, who will be benefited more and more as time goes on and as the seed spreads and fructifies, will perhaps not often be put into words, but it will be felt towards him whose generosity has made this great work possible and towards those who have so wisely administered this great fund.

In many of the large cities in China there are parts or sections called Foreign Concessions in which most of the foreigners live and transact their business. The contrast in architecture, construction of buildings, ground space around buildings, cleanliness, etc., between these sections and those occupied by the natives is very striking and impressive. These foreign concessions are generally owned by the Great Powers and the residents, Government officials, business men, etc., try to live in the manner that they did at home with well built buildings exposed to the sun, with ground space for trees, lawns, etc. Until recently the natives were housed in comparatively small buildings with but little space left uncovered by buildings. They are learning, however, and many have bought large tracts of land in the suburbs and

are following the foreign style of buildings with open air or breathing spaces about them.

I have no means of knowing what the death rate in the cities of China is, but my observation would lead me to believe that it must be very high. It is customary there, as in many of the neighboring countries, for young men and women to apprentice themselves for a certain number of years in order to learn a trade or guild, and we were told that the common contract called upon the employer to furnish board and lodging to the apprentices besides the small pittance that was given for clothing, etc. Most of the shops are small, generally connected with the household and store of the owner, and employing six or a dozen men, women, boys or girls. Large factories, such as we know, are very few in number and are generally limited to cotton piece goods, large iron works and ship yards. In looking into some of these small shops to see their methods of producing different works of art, we would come across the living quarters of the small number of men and boys, who constituted the force of workers, squatting on their haunches in what to us were most uncomfortable positions. They naturally assumed these positions, straining their eyes to do in very poor light the delicate work in which they were engaged, and dressed in winter street clothes, in rooms which were uncomfortably cold to us, and in which the only heat was that obtained from charcoal braziers.

We were not surprised to be told that the death rate from tuberculosis in both China and Japan was very high when we realized under what conditions the people, especially in the cities, lived. The houses in China are generally built of adobe, stone or brick, have no cellars, few windows, stone or dirt floors, heated generally by charcoal braziers, and are often overcrowded. The houses are built so closely together that but little sunlight can reach their interiors, and the people in the cities are rarely in the sunlight except when on the streets. In the old sections these are rarely wide enough to allow a carriage to be driven. We found the streets in most places remarkably well kept as to cleanliness, but built mostly of soft stone or dirt, which soon becomes dust. The householder is by law obliged to wet the streets down several times a day, using the water in which

his rice is boiled, and scattered by dippers, generally in the hands of the women or children. In rainy weather the streets are simply pools of slimy mud. At other times the winds cause the dust storms which are so prevalent and disagreeable, especially in Peking.

In Canton many streets are but alleys, five to eight feet wide, filled with throngs of people on foot with a few in palanquin or sedan chairs carried on the shoulders of two or four men, with crowds of men, women, and children carrying baskets, bundles, and boxes on poles balanced on their shoulders, pressing their way through the multitude of people and giving warning cries. Both sides of these alley-ways are lined with little retail shops, open full width, and with small manufacturing plants where are made in full view to those on the street everything from tooth picks to coffins. I never saw such a congestion of people, never heard such continuous cries of warning, and never smelt such odors.

To one who is accustomed in his work to seeing evidences of poverty in a public institution, the shock to his senses must be less than to most people, but I must confess that several meals taken in Canton did not appeal especially to me after traversing some of the streets or alleys for several hours and seeing the many evidences of disease and filth.

In the city of Canton many thousand families live on small boats or sandpans, some as small as six by fifteen feet, many of which have no permanent anchorage but which are poled from place to place by the mother and children while the father is at work on other boats or on land. In these small boats they are born, live and die, and are looked down upon as outcasts by their brothers ashore. The children are uneducated and as they grow up, follow in the lines of their parents and generally marry among their own class. We took much interest in watching their simple methods of living. Their food, mostly rice and fish, is cooked on charcoal braziers; their almost universal drink is tea made from the river water on which their own and many thousands of other boats float and into which runs the sewerage of the city, as well as receiving over-board their own dejections and those of thousands of others living on similar boats. We found here that many demands of nature

are considered functional and necessary and therefore are often, as a matter of course, performed in full view of the public.

In these countries, closely inhabited for centuries, in which the people because of necessity, live largely on grain and vegetables, the matter of fertilization becomes very important, and they have found it necessary to save and utilize all dejections, human and animal, for this purpose. It was rather discomfoting in the beginning, until we got accustomed to it, to meet in the narrow streets or alleys, men pushing huge wheel-barrow piled with buckets, sometimes covered and again not, containing human discharges, which we were told were almost the only fertilizers used because of the scarcity of animals, (whose droppings on the streets are collected by men, women and children in districts restricted by law and for which privilege money is paid), and because of the high cost of commercial fertilizers. It rather startled us to see in one of the ports, women in small boats collecting with fine meshed nets on the end of long poles, the solid contents discharging from the toilet pipes on the side of the boats and depositing them in buckets which were later taken to cesspools in the fields, from which they were at the proper season taken and spread on the fields or gardens. After witnessing these methods we could better understand why foreigners rarely ate lettuce, celery and other similarly grown, uncooked vegetables. We found them also collecting by the same use of nets the refuse from the kitchens and dining rooms of the ships, as they were washed out of the discharge pipes.

Poverty, filth, long hours when employed, evidences of sickness and malformation, poor housing, lack of comforts and conveniences, oppression by those in political power, no outlook for the future until recently, the absence of sanitary measures, the dull apathetic look of the average Chinaman, are some of the strong impressions I got from my visit to China.

The contrast to the average tourist in the impressions made on him by visiting Japan after visiting China is very striking. In Japan we found mountains, hills and valleys, in place of the flat plains through which we traveled in China for 2000 miles. In Japan the hills and mountain sides, where it is not practicable to

raise cereals, vegetables or fruit, are covered by trees of all sorts and sizes because of the wise governmental requirement in use for years for the reforestation of all areas that have been found unsuitable for raising cereals, vegetables, etc.

In China the absence of trees, in that part of the country in which we traveled, was impressive and depressing. Rarely did we find any number of them or of any size, as we traveled across the country.

In Japan we found many people, especially in the interior of the country, smiling and apparently happy and contented and often dressed in bright colors, especially the children. In China we found the people stolid, with set sober faces, and their dress sombre and but rarely showing bright colors. In Japan there are many evidences of prosperity, but in China many of evidences of poverty unashamedly shown. In Japan cleanliness of body and home; in China dirt and filth; in Japan alertness, inquisitiveness, forwardness or boldness; in China apathy and dullness caused by oppression; in Japan compulsory education; in China very limited facilities for the education of the poor; in Japan many articles well finished and of attractive appearance but poorly made and trashy; in China evidences of articles well made, and lasting; in Japan many evidences of copying, of imitating, of utilizing the original ideas of others. Because of the absence of patent or copyright laws in that country, the design of the original is frankly copied, but turned out at a much less cost because of poor workmanship and material, underselling the original and often, we were told, being the same name and trademark of the original. In China every evidence of originality, of creativeness and of honest work; in Japan, some wonderful works of art, especially in the line of old bronzes, pottery and lacquer work, more articles of antique Chinese art than can be found in China; in China comparatively few of her best works of art, which are acknowledged to have been in their line the most wonderful ever produced, because of their sale or loss to other countries. In Japan the feeling of most foreigners is that a contract must be definite and binding; in China, those who know by personal or business relations, depend on the Chinaman's word,

which is considered as good as his bond. In Japan the utilization of everything on land, as the growth of timber, of vegetables and fruit life, of the use of water for generating electric power and later for irrigating their thousands of fields, producing to a large extent the food needed by this constantly and rapidly growing people, the development of her mines of coal and iron but which, especially the latter, produce only a limited amount and of poor quality, and the great dependence on fish and rice as food. In China, waste by floods because of the lack of trees to hold back the waters coming from the melting snows, the lack of timber, the non-development or full utilization of her enormous deposits of iron and coal, the slow development of the use of steam railroads because of superstition, and because of their unwillingness to allow these roads to be built across the burial lots of their ancestors whom they worship for many successive generations. These burial lots are generally located on their home plats and in many sections of the country occupy, because of this long custom of the country, many large areas which are not disturbed.

We were told that, before the beginning of the Great War, Japan was still struggling with the enormous debt incurred by her great war with Russia, but surely now there is every evidence of prosperity. Probably no country, except possibly our own, received more monetary benefit and business stimulus during this period than has Japan. We were told many times, and saw many evidences, that the newly made rich were squandering their money and that the masses were getting rid of theirs as with us. The time of reaction had already come when we were there, and there were many evidences of financial weakness and panic as shown by the closing of stock, rice and silk exchanges, the dropping of prices of necessities, the cutting of wages, the calling of strikes, direct and sympathetic, the discharge of thousands as in cotton mills, and ship yards, the occurrence of paid riots due to increase of 300% to 400% in the price of their food—rice—due largely, we were told, to the manipulation in prices by speculators. Japan has already begun to face what we shall probably have to face, a changed and falling financial business and employment situation. China, because of lack of organiza-

tion, of shipping, of money, or large industrial plants, benefited but little, in comparison with Japan, by the demands of her supplies made by the countries engaged in the Great War.

In Japan loyalty to the Government, recognition of discipline by family and guild; in China, chaos in government due to fight for power between North and South China, lack of finances due to corruption of the old regime of government, and to lack of ambition and unity.

At Manila we found the General Hospital, established and maintained by the Government, very well designed and constructed. Originally, I was told, it was staffed mostly by medical men of our army and navy, but now practically the whole staff is made up of trained Filipinos. The school for nurses, established under the direction of American trained nurses, was very successful, and had graduated many nurses who had taken up the work of establishing or bettering institutions in other parts of the islands. The whole place impressed me, in my cursory visit, very favorably, not only in the arrangement and construction of buildings, but in its upkeep and general order of cleanliness. As it is practically under the control of the medical school, it is doing good educational work in bringing the students in close touch with modern ideas of construction and sanitation which are bound in time to have a leavening effect in raising the standards of hospitals throughout the country.

I think our country can well be proud of what it has done along the lines of health and sanitation, as evidenced not only by this hospital and medical school, but by the establishment of modern water-works, sewer systems, well constructed and cleanly kept streets, the control of zymotic diseases, etc.

In closing these rambling remarks of a casual observer, I wish to state that in my opinion no American ought ever, after visiting these countries, to be tempted to complain of hardships and restraints, and ought always to be thankful for the liberties, the privileges, the opportunities, that are his right at home.

## TREATMENT OF SYPHILIS.\*

By HILARY J. CONNOR, M. D.,  
Providence, R. I.

The treatment of syphilis to-day is apparently fairly satisfactory, but time alone will definitely prove whether or not it is adequate.

The greatest proof we have that a disease like syphilis is cured is not by absence of symptoms and negative examination following treatment but by absence of symptoms and negative examination many years after treatment. Even then the patient may show no signs during life, but evidence of latent syphilis may be found at autopsy. However, from a practical point of view, if the patient shows no signs during life we may consider him cured.

With this idea in view, last year we endeavored to examine the patients that were treated for syphilis at the Providence City Hospital in 1914. Out of 206 patients treated that year we were able to examine 37 in 1919,—that is, five years after receiving treatment.

33 patients showed a negative examination and negative Wasserman.

4 patients had symptoms or a positive Wasserman.

The 37 patients were divided into 22 primary, 5 secondary, 1 tertiary, 1 congenital, and 8 cases where no diagnosis was given on the record. All had a positive Wasserman or a positive smear for spirochaetes on admittance.

### TWENTY-TWO PRIMARY CASES.

Twenty were found negative and two positive. The negative cases received an average of four intravenous treatments of neosalvarsan .9 gram at weekly intervals, no case receiving less than three and none over six treatments.

Only three of the cases received mercury. The two positive cases each received two treatments of neo-salvarsan .9 grams at weekly intervals but no mercury. One patient had developed tabes dorsalis; the other cerebral lues.

### FIVE SECONDARY CASES.

Four were found negative and one positive. The four negative cases each received three treatments of .9 gram of neosalvarsan but no mercury. The positive case received one intra-

\* Read before the Providence Medical Association, June 7, 1920.



venous treatment of salvarsan .6 gram and no mercury.

The tertiary case was negative. This case received three intravenous treatments of neosalvarsan .9 gram but no mercury.

The one congenital case received four intravenous treatments of neosalvarsan .9 gram and no mercury.

Of the cases with no diagnosis on the record, seven were found negative and one positive. The negative cases received an average of four intravenous treatments of neosalvarsan, none less than 3. No mercury was used.

The positive case is still under treatment with a ++++ Wasserman and symptoms. This patient received three intravenous treatments of neosalvarsan of .9 gram during the first year.

Very little mercury was given in any form in 1914. The form used was protoiodide tablets and inunctions .9 gram neosalvarsan were given beginning with the first treatment. No ill effects were observed. Many physicians hesitate to use a large dose of arsphenamine or neoarsphenamine at the first treatment.

The small number of treatments given—usually three—gave surprisingly good results.

#### SUMMARY.

Out of 37 patients examined five years after treatment, 33 were found negative, or nearly 90 per cent. The 33 negative cases all received three or more intravenous treatments of neosalvarsan .9 gram, and three of these patients were given protoiodide and inunctions of mercury.

Four of the patients examined were found positive.

One primary case received two intravenous treatments of neosalvarsan .9 gram and developed tabes dorsalis. Another primary case received two intravenous treatments of neosalvarsan .9 gram and developed cerebral syphilis.

One secondary case received one injection of salvarsan .6 gram during the first year. The patient is now under treatment with a ++++ Wasserman and positive symptoms. Another patient with no diagnosis as to stage, receiving three intravenous treatments of neosalvarsan .9 gram first year, is now under treatment with ++++ Wasserman and symptoms.

In treating syphilis it is impossible to follow any exact method of treatment for all cases. At the Providence City Hospital we have a routine

method of treatment with which we obtain good clinical results in many cases, but other cases do not respond to this method and are treated according to indications.

Thus a patient developing eye symptoms or meningeal involvement receives more intensive treatment than the ordinary case.

Ordinarily we give six or eight intravenous treatments on admittance, two treatments a week; then eight injections of gray oil grains ii at weekly intervals, or two months of rubbing with mercurial ointment 50%. The Wasserman is taken after each series. If negative after the course of mercury and there are no symptoms, we continue mercurial treatment for two months, and then if there is no contraindication, the patient is given one month's rest. The patient is given more arsphenamine and mercury till he or she has had at least eighteen arsphenamine treatments. Treatment is extended over three years if possible. Potassium iodide is given when considered necessary.

In regard to mercury, I consider that there is only one proper method of using mercury, and that is by the ointment. Ointment 50% may be prescribed in papers, dosage 1 or 2 drams, to be rubbed in, in the usual manner.

Calomel ointment has been advocated to take the place of blue ointment on account of its appearance, but although I have had very little personal experience with it, it is regarded by the leading syphilographers of the country as practically useless.

Mercury by mouth and the injections of mercury, of which I used gray oil and mercurial salicylate, are of less value than the ointment. I have seen many symptoms following the use of mercury salicylate which I could not account for in any way than due to the drug itself. Clinical results have been poor following its use. I have not used gray oil as long, but it is evidently inferior to the ointment.

Potassium iodide is used according to indications. We have no routine treatment. The patient is started in on 30 drops three times a day, and dosage may be increased if desired. We have seen very few patients with idiosyncrasy to potassium iodide.

Of the three forms of treatment—arsphenamine, mercury and potassium iodide—arsphenamine is now recognized by all clinicians throughout the country as the most important.

In my opinion neosalvarsan is the best preparation for general use. In regard to safety, I have only seen a few slight reactions following its use,—never a severe one. It is very easily prepared and may be given in more concentrated solution than other preparations. This is convenient in office practice if using a syringe. According to Kolmer of Philadelphia, a concentrated solution is less apt to give a reaction than a diluted solution. Thus a dose of .9 gram in 20 c. c. or 25 c. c. of distilled water may easily be given by the syringe method. The solution should be given slowly. Schamberg says: "Neosalvarsan should never be administered if the solution is not brilliantly clear, for a cloudy solution will produce immediate reaction with syncope (in the rare case fatal) as the dominant symptom. If filtering does not completely clear the solution it should be discarded." I have never seen a solution of this description. Diarsenol, salvarsan and arzenobenzol require much more care in preparing and are of no more value. It is sometimes difficult to secure the proper alkalinity of your solution, even when you count the drops. If not enough sodium hydroxide is used you are apt to have a reaction, but if too much is used you may cause thrombosis of a vein, which is painful to the patient and ruins the vein for further injections. Neo-diarsenol has not given as good results as other preparations.

Reactions are usually due to insufficient alkalinity of solution. Many cases are due to a susceptibility toward arsphenamine which the patient acquires after receiving a certain number of treatments.

This may be avoided in several ways:

- (1) Stop the intravenous treatment for a month or longer.
- (2) Atrophine grains 1/50 subcutaneously given fifteen minutes before treatment will usually prevent a reaction.
- (3) .05 gram of the arsphenamine dissolved in 5 c. c. distilled water may be given one hour before injections of full dose and reaction prevented.

There is another class of cases which is intolerant to arsphenamine from the beginning and should be treated with great caution.

It has been stated that an individual who is susceptible to one form of arsphenamine may tolerate another form. For example, a patient

developing dermatitis following salvarsan treatment might tolerate neosalvarsan. However, in a similar case it would be safer to drop the arsphenamine entirely and use mercury.

#### A FEW PRACTICAL HELPS IN ADMINISTERING ARSPHENAMINE WITH GRAVITY APPARATUS.

A patient in rolling up his sleeve above the elbow, especially in winter, when heavier underwear is used, often forms a tourniquet of his own, interfering with the flow of the solution. Also, with the sleeve rolled up the patient may hold his arm close to the side of the body so that even though there is no constricting band, the pressure of the rolled up sleeve against the axilla interferes with the flow.

A good method of introducing the needle into the vein is to place the ball of the thumb of the left hand over the vein one-half inch below the site of the desired injection. With firm pressure applied here you are able to prevent the vein from slipping away from the point of the needle. It is well to carry the needle well up into the vein one-half inch or more. If the needle may be moved freely up and down with no obstruction and blood still flows, there is little danger of introducing the solution into the sheath of the vein as occasionally happens. Also, if the patient moves or the needle is accidentally moved it is not apt to be dislodged.

It is advisable not to have any bubbles of air in the tube, but do not be alarmed if a few bubbles enter a vein, as there is practically no danger.

#### A FEW WORDS ABOUT GENITAL SORES.

Any suspicious looking sore on the penis appearing from two to eight weeks after extramarital intercourse should be given an intravenous treatment immediately. We are told that the leading clinicians of the country are able to demonstrate the *treponema pallidum* by smear from lesion in 90 per cent. of cases, using the dark field apparatus.

Why should the other 10 per cent. of cases wait for a positive Wasserman or secondary symptoms? In a great majority of cases the dark field apparatus is not available and the physician waits for a positive Wasserman.

The principal objection which could be raised to immediate treatment without positive diagno-

sis is that the patient being treated may never develop a positive Wasserman and never know whether he really had syphilis or not. Now this to my mind is less serious than waiting till the disease has a firm hold on the individual before giving treatment. I firmly believe if a patient appears soon after a chancre has developed and before the Wasserman is positive, he should receive six intravenous treatments of arsphenamine or neo-arsphenamine. With two treatments a week he would be absolutely cured in 99 per cent. of cases.

The whole subject should be explained to the patient and the advantage of early treatment urged, even though treatment may be needless. If the patient desires to wait for more evident proof, he is responsible.

The Wasserman test should be made during the course of the treatment, and if the blood is found positive, an extended course of treatment should be given, even though it may be unnecessary. If the Wasserman test is not found positive, then advise the patient to have the blood tested six months after receiving six treatments of arsphenamine.

#### DISCUSSION OF DR. CONNOR'S PAPER.

DR. WALTER M. BRUNET, New York, N. Y.—I am not going to read a paper, I am going to talk a few minutes upon syphilis before showing the films. We see so many cases in our daily rounds that can be directly traced to syphilis in the individual or parent that it always keeps us on the job in regard to this disease.

The idea of presenting these films is to place before the entire medical fraternity just what is being done with moving pictures in the diagnosis and treatment of syphilis. We are putting the lesson to the eye and not to the ear. We get things in one ear and they go out of the other but you have never heard of anyone receiving a lesson in one eye and its going out of the other. We remember much more of what we see than of what we hear. These films were not made for specialists but rather for the general practitioner. We do want to have the frank expression of the specialists and suggestions from all how these films can be improved.

For the doctor who is interested in syphilis and does not know how to treat same and would like to treat it, we want to show him in these

pictures the latest methods now in use. If you have a desire to treat these cases yourself, it is easily learned and it offers no great difficulty. If you do not care to treat these cases, send them to a specialist so that they can receive expert care and advice.

The State Board of Health of North Carolina has purchased these films and is sending a specialist through each county to show them to groups of medical men. It has aroused the doctors' interest in the subject of syphilis and we feel certain that they are getting and will continue to get wonderful results in such an educational campaign.

From a number of physicians word has been received that more chronic cases are being diagnosed and treated than ever before. Also, many cases of neurosyphilis are being diagnosed and treated, due to the increased interest being taken in this disease. If you are seeing more old chronic cases we should like to know what such an increase is due to. Is it due to the educational work done during the war, or increase in earning capacity of the populace in general, or to the wide publicity which has been given to venereal diseases by national, state, and voluntary organizations, or is it an epoch in the history of any disease that we find in the progress of the race?

These films are then shown you for your constructive criticisms, for your suggestions and for any help you can give us to put the subject of syphilis in a plain simple manner to the medical profession.

Dr. Brunet, in closing, said: I want to emphasize one point in Dr. Sawyer's remarks which you brought out in the treatment of primary sores with mercurials.

If the chancre has been treated with calomel or blue ointment, etc., it will be impossible to find the spirochaete in the serum expressed from same. However, in those cases you will find that if there are enlarged inguinal glands you can find the spirochaete in them. Locate the gland and inject 1 c. c. of saline and manipulate the needle and withdraw the fluid and examine under the dark field microscope. The spirochaete can usually be found after this procedure.

A good many doctors are reporting reactions from administration of salvarsan. These reactions occur from several causes, such as too

large a dose of the drug being administered or from some chemical which is used in the manufacture of the rubber tubing or from old distilled water and from improper neutralization.

Several years ago I had some annoying experience in administering salvarsan in seven cases. Five had severe reactions due to the use of new rubber tubing, two cases had severe headache from twelve to eighteen hours.

I was in Johns Hopkins Hospital, Syphilis Clinic, a few weeks ago and I found that they were giving small doses of salvarsan .3 or .4 gms., and they have few if any reactions.

DR. CARL D. SAWYER, Providence, R. I.—There are a great many things that could be said, but first I should say a word about the pictures. It is a wonderful series. I do not know of anything more plain, clear or interesting. It seems to me that they should accomplish a great deal. I think that these pictures are doing a great deal to prevent syphilis. It does seem as if there were fewer cases appearing.

Regarding the primary cases, I am sure that I have seen fewer cases in the last three or four years. I think one reason is because education has had a great deal to do with it. In the clinics we are not seeing as many cases as we did. Some of these primary cases have been seen by the private physician rather than in the clinic. Another reason is that during the war many of the men, from 18 to 30 years of age, at which time syphilis is generally contracted, have been in the army where they have had the benefit of instruction on hygiene and have been warned and cautioned. That is another reason why we have not seen so many.

A great many individuals who have these early sores are, I fear, possibly neglected. I don't want to say that in the way of criticising the medical profession, for the individual himself does not always attend to them. These patients have a sore and approach a physician and he will put on calomel or some caustic and let him go and tell him that he will be all right. I say that because I have recently seen two cases where that has been done, and calomel or some mercurial preparation was used. The patients were allowed to go and after a few days they were sent for an examination. It is almost impossible to find spirochetes after the

sore has been thus treated. Saline will not do any harm but keep caustics and mercurials off and send the individual where there is a dark field illuminator.

Probably three to four months treatment in the early stages will cure practically every case, but when you have reached the secondary stage, it requires two or three years treatment and the individual is spending a great deal of money. As regards the present method of treatment, the method of treatment has changed a great deal from what it was ten years ago. We were taught that one dose of salvarsan was a cure. From that it has gone along to the stage where we give up to seventy doses. We certainly know that one or two doses does not cure in the average case. Probably a good method to follow is a series of five or six salvarsan treatments and then give a course of mercury by inunctions or injections. If the patient is in the secondary stage, give the salvarsan at least twice a week or even three times. I have done this in a number of cases in the early stages for a period of two weeks. I believe in hitting hard in the beginning if you wish to accomplish results. As to the methods of mercurial treatment, I agree largely with Dr. Connor. There was a time when I thought there was nothing like injections, but now I largely favor the inunctions, but many patients will not follow out that method and they do not like to sit down and rub for fifteen or twenty minutes. Of the preparations for injecting, if you wish quick results, you may give a soluble salt of mercury, but for routine treatment I like gray oil. Personally I do not care for salicylate.

I think that Dr. Connor's paper was very good. It showed that in the series, twenty-two cases, receiving an average of four doses of salvarsan, were cured in five years. That brings me back to the point that I made a few minutes ago. The primary or early secondary stage is the time in which to cure syphilis. I believe that those cases can be cured.

DR. HENRY MCCUSKER, Providence, R. I.—At Butler Hospital our work on syphilis is confined, as you know, to the neurosyphilitic group. In the treatment of neurosyphilis several methods have been tried. At first we used the intravenous alone. Then the intraspinal of the Swift-Ellis method came into use. Later on an



effort was made to get the drug nearer to the seat of the disease and the intraventricular method was tried. At present we are working out a new method of treatment known as the intracistern injection of salvarsanized serum. In so far as I know, outside of Ayer at the Massachusetts General Hospital and our work at Butler Hospital, the intracistern method is not being used elsewhere.

The serum used in the intracistern method is prepared in the same way as the serum used in the intraspinal method. The patient is placed on his side and in such a position that the occipital protuberance and the spine of the vertebrae are on the same horizontal plane. The patient's head is then flexed on his chest. The needle used is an ordinary eighteen gauge lumbar puncture needle, graduated in centimetres. With the thumb of the left hand the occipital protuberance is located. Below this and in the median line a depression may be felt which is the space bounded above by the lower border of the base of the skull, below by the upper border of the first cervical vertebra, and laterally by the superior nuchal lines. The needle is inserted into the center of this area just above the spine of the axis and in the median line so that it passes through the space between the base of the skull and the spine of the axis. The direction of the needle is slightly upward and in the line of the plane passing through the external auditory meatus and the glabella. When the needle passes through the occipital atlantoid ligament and the dura, the resistance can be felt to have been overcome as in a lumbar puncture. With the needle inserted to a depth of 3.5 cm. — 5 cm., cistern fluid may be obtained. After estimating the pressure the salvarsanized serum is then injected slowly.

Cistern puncture is not a difficult operation but it must be done with extreme caution because the medulla lies only 1.5 cm. away from the point of the needle, and, again, the danger of sepsis must not be forgotten but must be rigidly guarded against. To date we have performed about twenty-five cistern punctures and have observed no ill after-effects. At Butler Hospital we have, at present, four cases of neurosyphilis under cistern treatment. Of course this is too small a series from which to draw definite conclusions but I might say, first,

that cistern puncture offers a new method of approach in the treatment of neurosyphilis. Second, that in the hands of one skilled in the technique of lumbar punctures, it is not difficult. Third, that it offers obvious advantages over other methods.

DR. CHARLES A. McDONALD, Providence, R. I.—I recall that not long ago there came from Butler Hospital a paper stating that the intraspinal method of treatment was to solve the problem of neuro-syphilis. I am glad to hear to-night from the staff of this hospital the frank statement that the end results did not justify the promise. As to the work in syphilis at the City Hospital we ought to feel proud, for it is conducting its clinic not only in a thorough way but also by a definite following up of patients and we anticipate much more information of value from this clinic.

Dr. Sawyer spoke of the intensive plan of treatment. In my work on neuro-syphilis I believe that the intensive plan of intravenous injections every other day or smaller doses every few hours has a place, but ought to be used with great precautions. I have known of several catastrophies. In private practice at least in using the intensive plan of treatment I believe it would be safer to know the arsenic carrying power of the individual.

DR. J. EDWARDS KERNEY, Providence, R. I.—In regard to the films, I think the showing of the films is one of the best methods we have of showing up these conditions, and I hope later, through the United States Public Health Service, to have additional films to show before the Society to bring out new points.

There were two or three important points that were not brought out in the discussion, one of the most important of which is the matter of mixing up of the solution of arsphenamine. It has always been a question as to just what point one should stop adding the alkali. If the addition of the alkali is stopped just as the solution clears, there is formed a mono-sodium salt and with this there is an increased tendency to form precipitates, and at which stage the solution is dangerous and has a greater tendency to form reactions. The addition of the alkali should be carried beyond this stage until the disodium salt is formed and it is this solution of

(Continued on Page XIV)

# RHODE ISLAND MEDICAL SOCIETY

## TREASURER'S REPORT

Rhode Island Medical Society in Account with H. J. Hoye, Treasurer

Interest on Bonds . . . . .	\$ 72.00
Collations . . . . .	444.00
Printing . . . . .	90.75
Expenses of Secretary . . . . .	100.62
Insurance . . . . .	16.00
Meeting Expenses . . . . .	29.33
Librarian . . . . .	875.00
Supplies and Expenses of Library . . . . .	78.10
Janitor . . . . .	390.00
Expenses of Janitor . . . . .	50.69
Light . . . . .	54.46
Telephone . . . . .	59.17
Fuel . . . . .	400.79
Water . . . . .	9.97
Sundries . . . . .	9.25
Journals (Ely Fund) . . . . .	73.65
Cancellation of Bonds . . . . .	300.00
Transfer to Endowment Fund . . . . .	
Interest on Liberty Bonds . . . . .	12.50

	<u>\$3066.28</u>
Cash on Hand to Balance . . . . .	2148.14
	<u>\$5214.42</u>

Balance on Hand Jan. 1, 1919 . . . . .	\$1307.57
Annual Dues . . . . .	3612.50
Donations . . . . .	172.60
Ely Fund, Interest on Bonds . . . . .	74.00
Interest on Daily Balance . . . . .	47.75
	<u>\$5214.42</u>

Examined and found correct

May 19, 1920

George H. Crooker

1920	
Jan. 1	Chase Wiggin Fund
	To Loan Building Committee . . . . .
	\$6892.21
	<u>\$6892.21</u>

1920	
Jan. 1	H. G. Miller Fund
	To Loan R. I. Medical Society . . . . .
	\$5359.10
	Rent H. G. Miller Room . . . . .
	250.00
	<u>\$5609.10</u>

1920	
Jan. 1	J. W. C. Ely Fund
	1 Bond So. California Edison Co. . . . .
	\$980.00
	8 Shares Mechanics Nat. Bank Stock . . . . .
	480.00
	Paid R. I. Med. Soc. (for Journals) . . . . .
	74.00
	<u>\$1534.00</u>

1920	
Jan. 1	Endowment Fund
	Cash on Hand . . . . .
	\$1909.40
	Liberty Bonds 3½% . . . . .
	350.00
	<u>\$2259.40</u>

1920	
Jan. 1	Printing Fund
	To Loan R. I. Medical Society . . . . .
	\$1677.52
	<u>\$1677.52</u>

1920	
Jan. 1	Sinking Fund
	Cash on Hand . . . . .
	\$1472.06
	To Loan R. I. Medical Society . . . . .
	1427.67
	<u>\$2899.73</u>

1919	
Jan. 1	Chase Wiggin Fund
	By Indebtedness Building Committee . . . . .
	\$6892.21
	<u>\$6892.21</u>

1919	
Jan. 1	H. G. Miller Fund
	By Indebtedness R. I. Medical Society . . . . .
	\$5359.10
	Interest . . . . .
	250.00
	<u>\$5609.10</u>

1919	
Jan. 1	J. W. C. Ely Fund
	1 Bond So. California Edison Co. . . . .
	\$980.00
	Interest on same . . . . .
	50.00
	8 shares Mechanics Nat. Bank Stock . . . . .
	480.00
	Interest on same . . . . .
	24.00
	<u>\$1534.00</u>

1919	
Jan. 1	Endowment Fund
	Cash on Hand . . . . .
	\$1764.44
	Donations . . . . .
	73.70
	Liberty Bonds 3½% . . . . .
	350.00
	Interest . . . . .
	71.26
	<u>\$2259.40</u>

1919	
Jan. 1	Printing Fund
	By Indebtedness R. I. Medical Society . . . . .
	\$1677.52
	<u>\$1677.52</u>

1919	
Jan. 1	Sinking Fund
	Cash on Hand . . . . .
	\$1337.42
	By Indebtedness R. I. Medical Society . . . . .
	1427.67
	Deposit . . . . .
	78.00
	Interest . . . . .
	56.64
	<u>\$2899.73</u>

Examined and found correct

May 19, 1920

George H. Crooker  
Auditor

# THE RHODE ISLAND MEDICAL JOURNAL

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Meets the first Thursday in September, December, March and June

JESSE E. MOWRY *President* Providence  
HERBERT TERRY *1st Vice-President* Providence  
GEORGE S. MATHEWS *2d Vice-President* Providence  
JAMES W. LEECH *Secretary* Providence  
HENRY J. HOYE *Treasurer* Providence

### DISTRICT SOCIETIES

#### KENT

Meets the second Thursday in each month

FRANK B. SMITH *President* Washington  
J. F. ARCHAMBAULT *Secretary* Arctic

#### NEWPORT

Meets the third Thursday in each month

A. F. SQUIRE *President* Newport  
A. CHACE SANFORD *Secretary* Newport

**R. I. Ophthalmological and Otolological Society**—2d Thursday—October, December, February, April and Annual at call of President  
Dr. Frank J. McCabe, President; Dr. C. J. Astle, Secretary-Treasurer.

#### PAWTUCKET

Meets the third Thursday in each month excepting  
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#### PROVIDENCE

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Meets the second Thursday in January, April,  
July and October

PATRICK J. MANNING *President* Wickford  
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#### WOONSOCKET

Meets the second Thursday in each month excepting  
July and August

ROBERT G. REED *President* Woonsocket  
THOMAS F. BAXTER *Secretary* Woonsocket

## EDITORIALS

### DEFECTS IN MEDICAL SOCIETIES.

That there is a lamentable lack of interest in medical societies on the part of the profession is evident to those who are accustomed to attend these gatherings, and unfortunately the degree of interest in medical meetings is in inverse ratio to the age of the members. One cannot help but be struck by the fact that the attendance at our medical society meetings—district and State—is composed of about the same men, meeting after meeting, and that they

largely comprise the older men. Are our medical societies failing in their mission? As measured by this test, it must be granted that they are falling short of their opportunities, the chief one of which as it appears in the constitution of practically every medical society is to stimulate interest in medical affairs and to induce reputable members of the medical profession to join.

Why this failure? One reason was presented by us in these pages last month—the failure to appoint young men to committees. This is undoubtedly a bad policy to follow, as it removes

from the young men the incentive to take an active part in society affairs and fails to provide successors to the older office-holders on the latter's retirement. This feature can be avoided by the appointment of men to serve on committees for terms of one to three or five years.

Another reason for failure to interest young men has also been touched upon in these columns—namely, the bad practice of late years of "importing" talent for our meetings. The inevitable result of this policy is to stifle discussion which is often the best part of a paper and to transmute the society to the level of a medical school class listening to a didactic lecture.

The obverse of the fore-going somewhat gloomy picture was furnished as recently when we had an opportunity to attend a quarterly meeting of one of the district societies in a distant part of the State. Here the members had come to attend a meeting by driving from five to twenty-five miles and the discussion of the paper was entered into by more than half of the members present. It was a tonic for us and renewed our faith in the possibilities of the medical society having a message for the profession, particularly if some of the more obvious faults in medical organizations can be eliminated.

#### A MENTAL CLINIC IN OUR COURTS.

It has been obvious for some time to those interested in social welfare that Providence stands in definite need of more modern methods as applied to the workings of the District and Juvenile Courts. No one who has dealt with the human material that daily passes through our courts and enters the corrective institutions can fail to realize the great opportunity for the betterment of our civic life that is being neglected by the medical profession and the courts of law. Already most of the large cities of this country and many of the smaller ones have effected a much needed reform in the establishment of mental clinics in connection with the courts. At the present time the Juvenile Courts do not even make full use of the medical records compiled by school physicians among whom is a trained psychiatrist, although many of the boys and girls appearing in the special courts have had a mental examination made on account of defects and delinquencies previously shown in

the school work. A qualified psychiatrist should see all juvenile cases and most of those in the district courts; certainly all of those exhibiting social misdemeanors.

The need of this can no longer be denied by anyone interested in the rational solution of the problems of the court. A court psychiatrist will be of the greatest aid to the representatives of the law, will solve many a family problem, will make more intelligent the care of cases intrusted to the corrective institutions, will send many individuals with a diseased nervous system to a hospital instead of a jail or reform school, and will compile valuable data that will serve as a guide for future action of the courts, and will lessen the amount of social maladjustment to a great degree.

The time has come when the medical profession should unite to bring about a closer coöperation between physicians and the courts in the problem of dealing with the abnormal individual. The evident mode of procedure is to point out to the public and especially to our legislators the very great need of a mental clinic directed by a competent psychiatrist in connection with our courts,

#### SPIRITISM.

In these days when eminent scientists are demonstrating to myriad believers that communication with the dead is an established fact and the ouija board devotees are solving the riddles of life by means of their wonderful three-legged phenomenon, it behooves us to stop a moment to find out what it is all about. Is the present wave of occultism that is sweeping over the land merely a manifestation of a nervously depleted world that is trying to forget the tremendous struggle of the war? It is undoubtedly true that much of the impetus that the movement obtained came because the nervous systems of all had been so stimulated that the individuals were ready for the reception of the belief that those who have gone before can still communicate with those remaining. Have the eminent scientists proven by their investigations that this communication is a scientific fact? Certainly the names of Sir Oliver Lodge and Sir Conan Doyle have given the movement great prestige, but it does not impress an impartial observer that they have used the same methods



as they used in the investigations that made their names preeminent. Particularly with Sir Oliver Lodge it seems as if the wish was father to the thought, or rather that he takes the belief as the true belief and then shows how all the evidence can be made compatible with that belief. If this method had been used in his physics laboratory, the name of Sir Oliver Lodge would not carry the respect that is connected with it now.

Is there not a lesson here for the medical profession? Is it not true that we as a profession have failed to realize that there are certain disturbances of the human mind and body that are not amenable to strictly medical treatment? This failure to appreciate the important place that the mind—both mental and psychic—occupies in disease has led to the success of many of the drugless cults and undoubtedly has been a factor in the present belief in spiritism and occultism.

## SOCIETY MEETINGS

June 3, 1920.

### ANNUAL MEETING.

#### RHODE ISLAND MEDICAL SOCIETY.

The annual meeting was held June 3rd, 1920, at the Medical Library Building, President Dr. John M. Peters in the chair.

The minutes of the annual meeting of the Council and of the House of Delegates were read by the secretary.

The Chair recognized and introduced as Delegates from the Massachusetts Medical Society, Drs. Wallace C. Keith, Brockton, Mass., and Arthur L. Beals, Brockton, Mass., who extended the greetings of their Society to the Fellows.

Dr. Halsey De Wolf, secretary of the Fiske Fund, announced that the best essay on the subject "Surgical Lessons from the Great War," had been presented by Dr. Allen G. Rice, Springfield, Mass., and that to him had been awarded the prize of \$200. He further announced as the subject for essay under the Fiske Fund for the year 1920-1921, "Compulsory Health Insurance."

Dr. Simon Flexner, director of the Rockefeller Institute for Medical Research, addressed the Society on the subject of "Lethargic En-

cephalitis," and illustrated his address by cases and pathological specimens.

The annual address of the president was read by Dr. John M. Peters.

The newly elected president, Dr. Jesse E. Mowry, Providence, was inducted into office and adjournment was followed by the annual dinner at the Turks Head Club, at which Dr. George W. VanBenschoten acted as anniversary chairman. After dinner speeches were made by Major Judson Hannigan, Beverly, Mass., and George T. Marsh, Providence.

J. W. LEECH, M. D., *Secretary*.

May 3, 1920.

#### PROVIDENCE MEDICAL ASSOCIATION.

The regular monthly meeting of the Providence Medical Association was called to order in the Medical Library by the president, Dr. D. L. Richardson, May 3, 1920, at 8:50 p. m.

The records of the previous meeting were read and approved.

The application of Dr. Edward A. McLaughlin, having been approved by the standing committee, it was moved and seconded that the secretary cast one ballot for his election; passed.

A report from the standing committee recommending to the association that the present rule be repealed and that the collation committee be allowed a maximum of \$50.00 per month to provide a more substantial luncheon for the members at the meetings was read. After some discussion a motion was passed authorizing the Collation Committee to use their discretion in expenditure for collation not to exceed \$50.00.

Dr. George A. Matteson read the memorial drawn up by the Committee on the death of Dr. Harry W. Kimball, after which a motion was passed that the memorial be spread upon the records and a copy sent to Dr. Kimball's wife and daughter.

#### MEMORIAL TO DR. HARRY W. KIMBALL.

Harry W. Kimball died at the City Hospital on March 28, 1920. It becomes our sad duty to record this fact and summarize his professional career for permanent preservation in the archives of this Association.

He was born in Woonsocket, R. I., on January 12, 1868, son of James Frederick and Ada Frances (Wales) Kimball. His education was obtained in the public schools of Woonsocket and at Cole's English and Classical School in

Pawtucket. In 1888 he entered the Portland (Maine) School for Medical Instruction and later attended the Medical Department of Bowdoin College from which he was graduated in 1891. He served for a time as clinical clerk in the Maine General Hospital and later in the year commenced his internship at the Rhode Island State Institutions.

In 1893 he received appointment as Surgeon to the Dermatological Department of the Rhode Island Hospital, a position which he filled until his death. From 1892 to 1894 Dr. Kimball was a Surgeon in the Staff of the First Regiment of Infantry Brigade, Rhode Island Militia, and subsequently continued his military interest with the First Light Infantry. He was a member of the American Medical Association, the Rhode Island Medical Society, the Providence Medical Association,—of which he was President in 1919,—the Providence Clinical Club, the Medical Improvement Club and the Rhode Island Medico-Legal Society. He was surgeon to the Rhode Island Division of the American Red Cross and was one of those who hastened to Halifax to aid that city at the time of its great disaster from the explosion in December, 1917. He was also an Odd Fellow, a Free and Accepted Mason and a member of the University Club of Providence.

He was engaged in general practice for about sixteen years in the Edgewood section until about 1909 when he moved his office to 276 Benefit street and thenceforth restricted his practice to dermatology, a branch which had been his chief interest and study for some time. For two years before his death Dr. Kimball held the rank of Major and Surgeon in the United States Public Health Service as director of the campaign conducted by the Government against venereal diseases. In this capacity he established clinics for the treatment of these conditions in various parts of the State, and devoted most of his time to a vigorous educational propaganda by means of lectures and motion pictures throughout the State.

Dr. Kimball was married on January 15, 1896, to Miss Emma L. Hayward of Pawtucket, who with their only child, Lucille, survive him.

At his funeral on March 31, 1920, St. Stephen's Church was filled with representatives of every rank in this community, including the State and City Government, the several professions and organizations and institutions which he had served so well, and crowds of mourning patients and friends.

Filled as this record is with unremunerative public service, it gives but faint impression of the constant enthusiastic labors of the man in the community's interest. Throughout the State Dr. Kimball's opinion was sought on many a

case of undiagnosed exanthematous disease, and on the recognition of which the safety of the community might depend. On several occasions epidemics were prevented or held in check as a result of his skill in dermatological diagnoses. His opportunities to observe and treat cases of variola were unequalled by any of the men of our day, for on him fell the task of caring for the victims of this contagion in the old pest-house at Fields Point during the years before our City Hospital was built. His most recent work as surgeon in Public Health Service proved very exacting of his time and energy but was pursued with his usual vigor and devotion. The work was undertaken as a war measure and necessitated wearing the government uniform. He performed the duties fired with the highest patriotic zeal—to which was added a certain enthusiasm for a good fight—since certain worms in the community thought it necessary to oppose and obstruct his educational propaganda—and Harry loved to fight.

Dr. Kimball's genius for making friends and keeping them was the attribute most marked in his personality and which makes his death come closest home to his colleagues and host of acquaintances. There is not one of us who did not join in his cheery companionship and feel our faith renewed by his frank, honest humanity. To those of us who had the good fortune to know him best his death leaves a sense of loss which will long remain.

(Signed) William J. McCaw,  
George A. Matteson.

The paper of the evening, "Encephalitis Lethargica," by Dr. Charles A. McDonald, was an exceptional description of the signs, signals and treatment of the disease followed by a report of eleven cases and the explanation of two cases, one practically cured and the other still presenting the bizarre clinic, spasm remaining after recovery from the disease. The discussion was opened by Dr. E. Wyllis Taylor, Professor of Neurology at Harvard University, who, after complimenting the author on the completeness of his paper, went on to emphasize the more important features in the diagnosis of these rather modern conditions. The discussion was further carried on by Dr. John E. Donley, Dr. William R. White and Dr. Jesse E. Mowry, and was closed by Dr. McDonald.

There being no further business the meeting adjourned on a motion of Dr. Burge at 10:30 p. m.

Attendance: 63 members and 25 guests.  
A collation followed.

Respectfully submitted,  
RAYMOND G. BUGBEE, M. D., *Secretary*.